

FRIENDLY VISITOR / SHOPPER APPLICATION

TOWN HALL
2 RENSRAW ROAD
DARIEN, CT 06820
(203) 656-7328

Please complete both side of this application. This information will help us to access your qualifications to become a volunteer in our programs and to pick a compatible senior to match you with.

Program Applying for: ____ **Friendly Visitor** ____ **Shopper**

Name _____

Home Phone _____

Address _____

email address _____

Date of Birth _____

Education _____
(last year completed)

Degree _____

Occupation _____

Business Phone _____

Business Address _____

Marital Status _____

Spouse's Name _____

Children: Name _____

Age _____

Name _____

Age _____

Name _____

Age _____

Do you have a car available? ____ Yes ____ No

Do you have a good driving record? ____ Yes ____ No. If no please explain:

How did you learn about this program? _____

Why do you want to volunteer as a Friendly Visitor and/or Shopper? _____

Hobbies / Skills / Special Interests: _____

Family Pets? _____

Would you prefer to visit a male or female? _____

Are you comfortable with older people who are (yes/no):

Sick _____ Terminally ill _____ Disabled _____

Homebound _____ Grieving/Sad _____ Nursing Home _____

Are you allergic to: Cats ____ Dogs ____ Cigarette Smoke ____ Other ____

List Volunteer Experience:

Organization	Position	Dates
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Are you able to devote 1 hour per week for 6 months: (**for Friendly Visitor applicants only**)

_____ Yes _____ No. If no please explain: _____

For All Applicants:

References: Please print clearly and be sure to include the zip code:

1. Name: _____
Address: _____ zip _____
Telephone: _____

2. Name: _____
Address: _____ zip _____
Telephone: _____

3. Name: _____
Address: _____ zip _____
Telephone: _____

The undersigned understands and agrees that: 1) He/she is not obligated to perform the volunteer services applied for here and should he/she find it impossible to continue with the Friendly Visitor/ Shopper Program, he/she will give the coordinator notice of his/her intention to terminate the match. 2) As a part of the Agency's matching process, additional information will be elicited from the applicant by professional Agency personnel and written references will be requested from names provided by the applicant.

Date _____

Signature _____

.....

Senior Friend/Shopper Match

Date

Terminated

